



# Intra and Postoperative Nursing care

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Lecture: 6



## **Intraoperative Phase**


The intraoperative nurse uses the nursing process to care the patient.

## Types of Anesthesia

Anesthesia is *general or regional anesthesia*.

Anesthetic agents usually are administered by an anesthesiologist or a certified registered nurse anesthetist (CRNA).

- ***General anesthesia:*** is the loss of all sensation and consciousness, protective reflexes such as cough and gag reflexes are lost.

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- ***Regional anesthesia:*** the client loses sensation in an area of the body but remains conscious.

## **Nursing assessment during intraoperative**

1- Monitors the client's vital signs, ECG, and oxygen saturation.

2- Fluid intake and urinary output are monitored throughout surgery, and blood losses.



- **Nursing Diagnosing**

- *Risk for Aspiration*
- *Impaired Skin Integrity*
- *Risk for Perioperative Positioning Injury*
- *Risk for Imbalanced Body Temperature*
- *Risk for Deficient Fluid Volume.*

## **Intraoperative Nursing interventions**

**1-** The nurse assessing client safety (e.g., client positioning) and by monitoring aseptic practice and the environment.

### **2- Surgical Skin Preparation**

cleaning the surgical site, removing hair only if necessary, and applying an antimicrobial agent.

### **3- Positioning**


The most common position for a client during a surgical procedure is the supine position.



## *Postoperative Phase*

Nursing during the postoperative phase is important for the client's recovery because anesthesia impairs the ability of clients to respond to environmental stimuli.






Recovery of surgical patients is performed in the PACU  
(Post-Anesthesia Care Unit) or RR.

***American Society of PeriAnesthesia Nurses have specialized skills to care for clients recovering from anesthesia and surgery:***

1. An unconscious client is positioned on the side, with the face slightly down. A pillow is not placed under the head.
2. Elevating the client's upper arm on a pillow.
3. An artificial airway is maintained in place, and the patient is suctioned as needed.



4- The patient spits out an oropharyngeal airway when coughing returns.

5- The patients may be required to remain flat for a specified period when spinal anesthesia is used.

6- The return of the patient's reflexes, such as swallowing and gagging, indicates that anesthesia is ending.

***Patients are discharged from the PACU when:***

- They are conscious and oriented.
- They are able to maintain a clear airway and deep breathe and cough freely.
- Vital signs have been stable.
- Protective reflexes (e.g., gag, swallowing) are active.
- They are able to move all extremities.
- Intake and urinary output is adequate.
- They are afebrile.
- Dressings are dry and intact.

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- **Nursing management during postoperative**

- **The nurse assesses the following:**

**1- *Level of consciousness:*** Assess orientation to time, place, and person.


**2- *Vital signs.*** Take the client's vital signs every 15 minutes until stable, every hour for the next 4 hours, then every 4 hours for the next 2 days.

**3-** Assess the client's lung sounds and assess for signs of common circulatory problems such as postoperative hypotension, hemorrhage, or shock.

**4- Skin color and temperature:** The color of the lips and nail beds is an indicator of **tissue perfusion** (passage of blood through the vessels). Pale, cyanotic, cool, and moist skin may be a sign of circulatory problems.

**5- Comfort:** Assess pain. Evaluate the client for objective indicators of pain: pallor, sweat, muscle tension, and try to cough, move, or ambulate.

**6- Fluid balance.** Assess the type and amount of IV fluids. Monitor the client's fluid intake and output



**7- Dressing and bedclothes:** inspect the client's dressings and bedclothes underneath the client.

**8- Drains and tubes:** determine color, consistency, and amount of drainage from all tubes and drains.



- **Nursing Diagnosing**
- *Acute Pain*
  - *Risk for Infection*
  - *Risk for Injury*
  - *Risk for Deficient Fluid Volume*
  - *Ineffective Airway Clearance*
  - *Disturbed Body Image*

## **Nursing Management includes:**

### **1- Pain Management**

- During the initial postoperative period, continuous analgesic administration through an IV.

### **2- Positioning**

- Clients who have had spinal anesthetics usually lie flat for 8 to 12 hours. An unconscious or semiconscious client is placed on one side.
- Elevation of affected extremities (e.g., following foot surgery) with the distal extremity higher than the heart promotes venous drainage and reduces swelling.

### **3- Deep-Breathing and Coughing Exercises**

- Deep-breathing exercises help remove mucus.
- Deep breathing helps prevent pneumonia.
- Voluntary coughing with deep breathing facilitates the movement and expectoration of respiratory tract secretions.
- Encourage the client to do deep-breathing and coughing exercises hourly, or at least every 2 hours.
- The client can support the incision with a pillow when coughing.

## 4- Leg Exercises

- Encourage the patient to do leg every 1 to 2 hours during waking hours. Muscle contractions compress the veins, preventing the stasis of blood in the veins, that causes the **thrombus, thrombophlebitis** (inflammation of a vein followed by formation of a blood clot) and **emboli** (a blood clot that has moved). Contractions also promote arterial blood flow.

## 5- Moving and Ambulation

1. Encourage the client to turn from side to side at least every 2 hours.
2. Avoid placing pillows under the client's knees.
3. Generally clients begin ambulation the evening of the day of surgery or the first day after surgery.
4. Early ambulation prevents respiratory, circulatory, urinary, and gastrointestinal
5. complications. Ambulation should be gradual, starting with the client sitting on the bed.

## **6- Hydration**

1. Maintain IV infusions as ordered.
2. When oral intake is permitted, only small sips of water.
3. Large amounts of water can induce vomiting because anesthetics and narcotic analgesics temporarily inhibit the motility of the stomach.

## **7- Urinary and Gastrointestinal Function**

1. Anesthetic agents temporarily depress urinary bladder tone, returns within 6 to 8 hours after surgery.
2. Oral fluids and food are usually started after the return of peristalsis.

## **8- Suction**

- Some clients return from surgery with a gastric or intestinal tube in place and orders to connect the tube to suction.



**THANK  
YOU**

